

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1904  
Registrar's No. 49

FILED JAN 21 1943  
Registration District No. 6

Primary Registration District No. 5236

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Rural Box 53  
(c) Name of hospital or institution R.F.D. Box 53  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME RICHARD LEE BUSH

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 25 1932  
(Month) (Day) (Year)

8. AGE: Years 10 Months 5 Days 4 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Faneett Mo (City, town, or county) (State or foreign country)

10. Usual occupation Scholar

11. Industry or business \_\_\_\_\_

12. Name JOHN HENRY BUSH  
13. Birthplace Buchanan Mo (City, town, or county) (State or foreign country)  
14. Maiden name FLORENCE E STOKES  
15. Birthplace New York N.Y. (City, town, or county) (State or foreign country)

16. (a) Informant Florence Bush  
(b) Address El Dorado Spgs Mo  
(c) Place: burial or cremation City Cemetery  
(d) Date thereof 12/30/42 (Month) (Day) (Year)

18. (a) Signature of funeral director El Dorado Spgs  
(b) Address El Dorado Spgs  
19. (a) Dec 25/42 (Date received local registrar) (b) L.V. Dunaway M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Box 53 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29 year 1942 hour 1 minute 45 A.M.  
21. I hereby certify that I attended the deceased from Dec 28th 1942 to Dec 29 1942  
that I last saw him alive on Dec 29 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Labar pneumonia

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 100

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 3 DO  
Signature El Dorado Spgs M. D. or other) \_\_\_\_\_  
Address El Dorado Spgs Date signed 12-29-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1046

RECEIVED  
District Health Officer No. 7,  
District File Number 12-42-1425  
Date Filed 1-13-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
..... working under my personal supervision.

Signed.....

*George W. Hafus*

Licensed Embalmer No. 2752

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.